

**South Carolina Board of Pharmacy**

P.O. Box 11927 • Columbia, SC 29211-1927

Phone: 803-896-4700 • Fax: 803-896-4596 • www.llronline.com/POL/Pharmacy/**2013-2014 PHARMACY TECHNICIAN
REGISTRATION LAPSED RENEWAL APPLICATION**

(PLEASE PRINT IN BLACK)

For Board Use Only	
Reg#	
Check#	
Issued:	
Amount Paid	

Pharmacy Technicians who have not renewed their registration within the last year will be required to submit the following along with this application:

1. Non-Refundable Renewal Fee of \$25.00 (**CHECK OR MONEY ORDER**)
2. Submit copies of ten (10) hours (4 hours must be live) of continuing education (CE) certificates taken within the last licensing year or present.
3. Complete all personal information (Submit legal documentation for any name changes):
4. **IF YOU ARE CURRENTLY A STATE CERTIFIED PHARMACY TECHNICIAN, YOU MUST ATTACH A COPY OF YOUR CURRENT NATIONAL PHARMACY TECHNICIAN CERTIFICATE (PTCB).**

List of available web sites for CE: www.rxschool.com, www.powerpak.com, www.freece.com, www.acpe-accredit.orgFull Name: _____
Last First MiddleAddress: _____
(including Street & Apartment Numbers)_____
City County State Zip Code

Home Phone: (_____) _____ Cell Phone: (_____) _____

Work Phone: (_____) _____ Date of Birth ____/____/____

Email: _____ Place of Birth _____
City State

Race: (for statistical purposes only)

☐ American Indian ☐ African American ☐ Caucasian ☐ Hispanic ☐ Oriental/Asian ☐ OtherMarital Status: ☐ Single ☐ Married ☐ Widowed ☐ Divorced Sex: ☐ Female ☐ Male

In the last five years, have you ever been treated for any condition, be it physical, mental, or emotional that could impair your ability to serve as a pharmacy technician? ____ Yes ____ No

If your answer is "Yes", attach a full written explanation and include documents from your Physician. Information of a highly personal nature will be protected under The Freedom of Information Act.

Have you ever been convicted of any criminal or civil charges (other than a minor traffic ticket)? Is there any legal action pending against you or are you currently on probation for any charges or legal action? ____ Yes ____ No

If your answer is "Yes", attach a full written explanation and include certified copies of any pertinent legal and/or court documents. Information of a highly personal nature will be protected under The Freedom of Information Act.

Have you ever held a pharmacist license, pharmacy technician registration or intern certificate? ____ Yes ____ No

Is so, has the license/registration/certificate ever been disciplined? ____ Yes ____ No

I hereby certified that I have answered all questions truthfully, accurately and completely, and acknowledge that failure to do so shall constitute cause for denial of registration. I also understand that every year I must complete 10 hours of continuing education courses (4 hours must be live) in order to renew my registration.

Signature

Date

When you provide a check as payment, you authorize us to use information from the check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction. You authorize us to collect a fee through electronic fund transfer from your account if your payment is returned unpaid. **Please provide the following on your check: Drivers License#; Full Name; Street Address and Phone Numbers.**

All information requested on this application is mandatory. Failure to provide any requested information will result in the application being returned as incomplete. Personal information provided in this application may be subject to public scrutiny or release under the S. C. Freedom of Information Act or other provision of federal and state law.

DO NOT SEND CASH

If the application is brought to the office, bring money order or check only

Make money order or check payable to: SC Board of Pharmacy

Return Completed Application with non-refundable fee to:

SC Department of Labor, Licensing and Regulation

Board of Pharmacy

110 Centerview Drive, Suite 201

P O Box 11927

Columbia, SC 29211-1927

(803) 896-4700

www.llronline.com/pol/pharmacy

EMPLOYMENT - After you have received your registration and begin employment, you must notify the Board in writing or by submitting the Change of Employment form whenever you begin or change employment. The form is available on the Board of Pharmacy website: www.llronline.com/pol/pharmacy.